



VETERINARY MEDICAL BOARD
 2005 EVERGREEN STREET, SUITE 2250, SACRAMENTO, CA 95815-3831
TELEPHONE: (916) 263-2610 / FAX: (916) 263-2621
 WEBSITE: <http://www.vmb.ca.gov>



REQUEST FOR CHANGE OF NAME

License Number	(Please type or print legibly in ink)			
1. ORIGINAL NAME ON LICENSING/FILE RECORDS (First, Middle, Last)				
2. ORIGINAL ADDRESS ON LICENSING/FILE RECORDS Number and Street City State Zip Code				
3. NEW NAME (First, Middle, Last)				
4. CURRENT ADDRESS Number and Street City State Zip Code				
5. I have attached a photocopy of a current U.S. Government issued photographic identification (i.e. driver's license, alien registration, passport, etc.) <u>AND</u> one of the following photocopied documents as legal proof of my name change: (Check only one box)				
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Certified Court Order</div> <div><input type="checkbox"/> Naturalization Document</div> <div><input type="checkbox"/> Notarized Document Verifying Name Change</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Marriage Certificate</div> <div><input type="checkbox"/> Dissolution of Marriage (Divorce)</div> </div>				
6. OPTIONS FOR NAME CHANGE (Check only the one that applies to your situation)				
<input type="checkbox"/> Name change that does not require a new license to be issued. Notification is for the sole purpose of updating the Board's licensing records - attach documentation as noted above and return this form, no duplicate certificate fee is required. Next renewal notice will reflect correct name as it will appear on the renewed certificate.				
<input type="checkbox"/> Name change not done at the time of renewal . Licensee is requesting that a new certificate be issued - attach documentation as noted above, include a \$10.00 duplicate certificate fee, and return this form.				
7. I hereby certify that I am currently licensed or on file with the Veterinary Medical Board under the original name listed above. For all legal purposes, I have changed my name as listed on line 3.				
<i>I declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct and that I have not changed my name for the purpose of fraud.</i>				
X _____ Signature		_____ Phone #		_____ Date



**PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
 FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**



FOR BOARD USE ONLY		
Completed by: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Received: _____
Comments: _____		